

Minutes of the Part I meeting of the NHS North East Hampshire and Farnham Clinical Commissioning Group Governing Body meeting held on Wednesday 12 November 2014 at Aldershot Centre For Health, Aldershot, Hampshire

Present:	Mr Peter Cruttenden, Chair of Audit and Lay Member with Governance Portfolio and Vice Chair Dr Mary Armitage, Secondary Care Clinician Ms Kathy Atkinson, Lay Member with Patient and Public Involvement Portfolio Dr Peter Bibawy, GP, Southlea Practice, GP Lead for Unscheduled Care Dr Steven Clarke, GP, Branksomewood Healthcare Centre, GP Lead for Planned Care Dr Jane Dempster, GP, Farnham Dene Medical Centre, GP Lead for Long Term Conditions Ms Emma Holden, Deputy Director of Quality and Nursing Mr Roshan Patel, Chief Finance Officer Mrs Maggie Maclsaac, Accountable Officer
In attendance:	Mrs Jean Boddy, Area Director North and East Hampshire, Surrey County Council Mrs Ros Hartley, Director of Strategy and Partnerships Mrs Sarah McBride, Director of Delivery Mrs Sue Pidduck, Area Director North and East Hampshire, Hampshire County Council Mrs Vimbai Lyons, Committee Support Officer for minute taking Mrs Claire Fleming, Business Manager (Interim) Mrs Kaylee Godfrey, Communications Manager Miss Justina Jeffs, Head of Governance. Members of the Public - 2
Apologies for Absence	Mrs Rosie Trainor, Interim Director of Quality and Nursing Dr Ruth Milton, Director of Public Health, Hampshire County Council Dr Olive Fairbairn, GP, Alexander House Practice, GP Lead for Mental Health Dr Andy Whitfield, Clinical Lead, and Chair

1	Chairman's Welcome Mr Peter Cruttenden formally welcomed members and the public to the meeting and advised that he would be chairing the meeting in the absence of Dr Andy Whitfield. Apologies were noted as above.
2	Register of Interest NOTED The Governing Body reviewed and noted the updates to the Register of Member Interests and noted that the register had been updated to include the interests of clinical leads and senior managers in addition to Governing Body members.
3	Minutes of the Governing Body Part I meeting held on Wednesday 10 September 2014

	<p>The NHS North East Hampshire and Farnham Clinical Commissioning Group Governing Body approved the minutes of the meeting held on 10 September 2014 as being a correct record and commended them for signature by the Chairman.</p>
4	<p>Action Tracker from the Governing Body Part I meeting held on Wednesday 10 September 2014</p> <p>The Governing Body reviewed the Action Tracker, noting those actions which had been completed. The following updates were provided.</p> <p><u>14 May 2014 – Mrs Alison Huggett to produce a public facing briefing paper with all multiagency contacts to enable easier accessibility and that the safeguarding policies will be published on the website alongside a user friendly document</u> The action was complete following joint working with the Communications team.</p> <p><u>10 September 2014 – Terms of Reference for the Quality & Clinical Governance Committee to be approved at a future meeting.</u> The constructed Terms of Reference were being reviewed at the Quality & Clinical Governance Committee at the end of November and would be brought back to the next Governing Body meeting to receive approval.</p>
5	<p>Quality Report</p> <p>Mrs Emma Holden covered the quality report and provided further detail on the following:</p> <p><u>Care Quality Commission</u> Mrs Emma Holden advised that the Governing Body wished to express their congratulations to Frimley Health NHS Foundation Trust on achieving a status of Outstanding, following an inspection from the Care Quality Commission (CQC). Mrs Emma Holden informed that the Governing Body were already aware of the highlighted improvements needed in Pediatrics with regards to nurse staffing levels and skills mix and staff skills. She advised that work was ongoing to improve this and monitor it through the Clinical Quality Review Meetings (CQRM).</p> <p>Mrs Emma Holden advised that Kirsten Lawrence as Head of Medicines Management would take on the role of Medicines Safety Officer and Medical Devices Safety Officer in line with the CQC's requirement to have an identified officer for the above roles. She advised the Central Alerting System had been notified.</p> <p><u>Friends and Family Test</u> Mrs Emma Holden advised that the CCG was working closely with GP practices to introduce the Friends and Family test into practices and identify whether a collective method of capture could be implemented.</p> <p><u>Complaints</u> KA questioned the implementation of the new complaints process. Mrs Emma Holden informed that the complaints process had now been centralised. She stated that the in-house complaints process was beneficial and that the Governing Body was better able to understand complaints as a result of the process alterations. She highlighted that response times had been improved.</p> <p><u>Serious Incidents</u></p>

	<p>Mrs Emma Holden advised of the themes from the 10 serious incidents reported during September and October 2014. She stated that falls continued to be an incident reported by Frimley Park Hospital and that the Governing Body had a significant falls programme and was working closely with Frimley Park Hospital to achieve their work plan. She stated that absconding and unexpected deaths of community patients were other serious incident themes and that the Governing Body were working closely with partner organisations to minimise this.</p>
6	<p>Outcome of Emotional Wellbeing and Adult Mental Health Draft Strategy Consultation</p> <p>Mrs Ros Hartley reported on the Emotional Health and Mental Health Strategy consultation. She stated that the consultation had ran from 25 July 2014 to 6 October 2014 and had covered North East Hampshire and Surrey geographically. Mrs Ros Hartley advised that four questions had been asked and various methods of participation had been available. She informed that 116 responses had been received, and that the quality and engagement from the feedback had led to changing the strategy to include comments.</p> <p>Mrs Ros Hartley advised that the carer needs were highlighted as a focus for many participants and thus the CCG had met with carer groups to better understand issues. This had resulted to a change in the strategy to reflect carers and their families more. Mrs Ros Hartley advised that the majority of respondents agreed with the strategy and its actions and that work was jointly underway with the Emotional Health and Wellbeing Partnership board in prioritising when the year one actions and plan would be implemented.</p> <p>Mrs Ros Hartley stated that a number of actions had been strengthened and 23 new actions had been identified and included in the strategy across the 5 priorities. It had also been identified that links needed to be made with other key health elements such as substance misuse, and learning disabilities to ensure that the comprehensive needs of patients were met.</p> <p>Mrs Ros Hartley advised that the final steps of implementing the strategy were underway and that the revised strategy had been considered and supported by Surrey Health and Wellbeing Board at the beginning of November 2014 and that the strategy would now go to all Surrey CCGs for review. She informed that respondents were being made aware of how their contributions had shaped the strategy through partner websites and reports such as this but indicated it would not be possible to inform some respondents directly as their details were kept anonymous.</p> <p>Mrs Maggie Mclsaac advised that Hampshire County Council engagement included involvement through the North East Hampshire stakeholder group of which Hampshire County Council were members.</p>
7	<p>2013/14 CCG Assurance</p> <p>Mr Roshan Patel advised that NHS England had recently published their annual assessment of CCGs. He explained that quarterly assurance assessments were undertaken by local area teams per annum and were reported to NHS England. Mr Patel advised that North East Hampshire and Farnham CCG had received full assurance from NHS England on 4 domains and that 2 domains were assured with support at the end of 2013/14.</p> <p>Mr Roshan Patel advised that the CCG's current quarterly status as at the end of</p>

	quarter two 2014/15 was fully assured and this in turn had lifted 2 out of 6 domains to fully assured.
8	Integrated Performance Report Month 6
	<p>Mr Roshan Patel advised that the performance report covered the period of April 2014 to September 2014. He highlighted the following areas:-</p> <p><u>A&E performance</u> Mrs Sarah McBride advised that the Frimley Park Hospital site had felt additional pressure over the last few months which the CCG were supporting and that improvements had been seen. Mr Roshan Patel emphasised that there had been improvements stating Frimley Health were at 90% and Frimley Park Hospital site at 75%.</p> <p><u>Diagnostic Times</u> Mrs Sarah McBride advised that there had been an increase in breaches specifically in osteopathy treatments at Frimley Park Hospital due to building work disruptions and that discussions with the site demonstrated a belief that this would improve following completion of the building works.</p> <p><u>18 Week Referral for Treatment Times (RTT)</u> Mr Roshan Patel advised that the 18 week RTT for admitted patients in August 2014 had decreased as expected, explaining that NHS England were driving for health providers to clear a backlog in wait times and had provided providers with funding in order to do so. As a result the figures would fall whilst the backlog was cleared which would affect the months of August, September and October.</p> <p><u>Cancer breaches – Jarvis centre</u> Mr Roshan Patel stated that the Jarvis centre is ran by Virgin Health. Mrs Sarah McBride stated there had been an improvement in performance for a couple of months but the year to date figure was low. She informed that many of the breaches were caused by patient choice to receive treatment at the centre and that to combat this it had been requested that patients be referred to Frimley Park Hospital to maintain the improved figures.</p> <p><u>Dementia Rate</u> Mrs Ros Hartley advised that the CCG's dementia target was 60% compared to a national target of 67%. Mrs Hartley informed that there had been a small increase in percentage through August to September. She highlighted that not all actions to improve the rate of dementia had been implemented, such as dementia training for practice staff which would ran from December to March and could potentially raise the figure. Furthermore, areas doing well had been contacted and it had been identified that there was no variance in actions.</p> <p>Mrs Ros Hartley advised that incorrectly coding patients was a national issue and the CCG had sent new codes to practices to resolve this. She highlighted that the incorrect coding concern generally meant that patients were flagged for care by a practice but not necessarily with dementia wording attached.</p> <p><u>Infection Control</u> Mrs Emma Holden advised that the national target for Clostridium Difficile was 33 cases per annum and that there were 21 cases to date with a projected target of 31 cases by year end. She informed that the Medicines Management team were taking working with the Quality team to maintain standards. Mrs Emma Holden</p>

	<p>advised that there was a European antibiotic awareness day on 18 December 2014 and the event would be utilised to drive improvement work in infection control.</p> <p>Mrs Emma Holden stated that Winterbourne was a national initiative and that one patient registered in Scotland was affected. She advised that a clear plan to move the patient into a community setting had been developed with involvement from the patient.</p> <p><u>GP Referral Rates</u></p> <p>Mr Roshan Patel informed that there had been an increase in GP referral rates to secondary care in comparison to last year. Local Area Teams had expressed concern and wanted the CCG to better understand the increase and advise of their plans to resolve it. Mr Roshan Patel advised that a practice development program had been implemented to resolve the increase. Mrs Sarah McBride advised that the CCG had also ensured that practices had been information on their performance and a new data pack had been created to support this. She informed that the data pack included information aside from referral rates and enabled comparison against other practices.</p> <p>Mrs Roshan Patel advised that the pack helped the CCG compare all practices in order to better understand commissioning expenditure. He advised that a cap and collar agreement had been agreed with Frimley Health.</p> <p><u>Financial Plan</u></p> <p>Mr Roshan Patel advised that financially the CCG was on course to deliver its financial plan and that a projected £2.3million surplus was expected to be achieved. He emphasised the need to control drivers in 2015/16 in order to maintain the financial trajectory.</p> <p><i>Correction to page 25 of the report to note that the Surrey and Borders NHS Foundation Trust Contract is now signed.</i></p>
9	Primary Care Review Panel
	<p>Mrs Sarah McBride advised that there had been reassurance required from one project being provided by the Innovation Funding. The CCG had sought assurance that the app being created would remain a free product and this had been promised.</p> <p>The Governing Body approved the recommendations of the Primary Care Review Panel.</p>
10	Older Persons Funding – Healthchecks project
	<p>Mrs Sarah McBride advised that one practice out of 9 had opted to not participate in the health checks. The 8 practices participating would cover a population equating to 71%. She clarified the funding mechanism through the creation of a framework for practices not achieving greater than 68% which would be determined by the Primary Care Review Panel. Mrs Sarah McBride informed that the supporting paper included examples of value of money but that this was not the actual monetary amount.</p> <p>Mrs Sarah McBride advised that the GP Forums had broadly accepted the proposal once it had been demonstrated that the proposed core healthcheck list would be achievable through evidence based examples. She informed that there were place holder mechanisms for feedback to be received following</p>

	<p>healthchecks.</p> <p>The Governing Body supported the implementation of a consistent approach to the healthchecks project and approved the release of funding to the participating GP Practices. The Governing Body noted that the Primary Care Review Panel would further consider what outcomes would occur if any participating Practice was not able to achieve 68% or greater.</p>
13	<p>Surrey County Council Update Report</p> <p>Mrs Jean Boddy, Area Director North East Hampshire and Surrey CCG advised that two new commissioners would be joining Surrey CCG. Mrs Jean Boddy advised that there were currently consultations in place for two older people homes in Surrey – Cobgates and Pinehurst. She advised that there was a stakeholder drop in session at Cobgates on 20 November 2014 and that the outcomes of the consultation would be fed back at the next Governing Body meeting.</p>
12	<p>Hampshire County Council Update Report</p> <p>Mrs Sue Pidduck explained that there was an emphasis on services for young people. She advised that a new website called “The local offer” had been launched which offered comprehensive information on health, education, social care support and leisure services for children and young people.</p> <p>Mrs Sue Pidduck advised that Winchester was the latest town in Hampshire to join the County Council’s Dementia Friendly Hampshire programme and that over 40 businesses and organisations in Winchester had joined the Hampshire Dementia Action Alliance. She informed that there had been an evaluation of the multi-agency responses to flooding which commended rural communities across Hampshire, which had implemented emergency plans in order to prepare and protect their residents.</p> <p><i>Mrs Jean Boddy left the meeting at 3pm.</i></p>
11	<p>Committees of NHS North East Hampshire and Farnham Clinical Commissioning Group’s Governing Body</p> <p>The Governing body received updates from the leads on the following:</p> <p><u>Audit and Risk Committee</u></p> <p>Mr Peter Cruttenden advised that there had been one meeting of the Audit and Risk committee since the last Governing Body meeting. He advised that the committee was reviewing its balance, which had been supported by both the CCG’s internal and external auditors. Mr Peter Cruttenden advised that the committee had been authorised for 18 months and during this time it had become more stable in terms of staffing due to a decrease in interim positions. He highlighted that the CCG was working reasonably through challenges and that this was reflected in the internal assurance rating of satisfactory.</p> <p>Mr Peter Cruttenden stated that Information Governance was a topic the committee were obtaining active engagement on and that the committee planned to consider how to obtain assurance from third party providers during 2015/16</p> <p><u>Quality and Clinical Governance Committee</u></p>

	<p>Dr Jane Dempster advised that Price Waterhouse Coopers had been invited to review the CCG's processes and structures and that the Governing Body were in the process of receiving the final recommendations. She advised that there was more work undergone on where and how intelligence was received and organised to improve quality.</p> <p><u>Patient and Public Engagement Committee</u> Mrs Kathy Atkinson advised that the committee was due to meet in the following week and would look at its Terms of Reference and make-up to ensure efficiency. She advised that there would be an event on the 25 November 2014 to launch elements of the committee's activities which would help deliver the CCG's Strategy.</p> <p><u>Clinical Executive Committee</u> Dr Steven Clarke advised that the committee had met twice since the last Governing Body meeting and covered a number of topics including the following: -</p> <ul style="list-style-type: none"> • How the Medicines Management team was complaint with governance and assurance. • The approval of a new Community Dermatology one stop clinic for Non urgent skin lesion excisions • The review of the service specifications for a number of Community Specialist Nurse Service inclusive of Diabetes, Tissue Viability, Care Homes, In Reach and Parkinsons Disease • The Falls pathway – an agreed multi agency pathway which would improve access to assessment and treatment for those who have had a fall or considered to be at risk • The review of new technology to monitor patients with COPD remotely provided by BOC Telehealth • Discussion of a proposal for a pilot related to improving access to screening for alcohol related problems at Frimley Park Hospital with subsequent referral for help and advice. It had been agreed that further actions would be needed before taking the next steps • Undertaken a Hampshire wide exercise which recommended ongoing Commissioning arrangements with the existing 8 Providers • An update and discussion around the Better Care Fund
14	Any Other Business
	There was no other business.
15	Questions received from the Public in advance of the meeting
	<p><u>Question: Noting that the CCG itself covers a number of areas of disadvantage what steps is the CCG strategy going to be outlining to seek to tackle the many issues, as Marmot stated in his reports, to tackle ill health and health inequalities as part of a positive preventive strategy and when will such a strategy be consulted upon?</u></p> <p style="text-align: right;"><u>Received from Councillor Mike Roberts</u></p> <p>Mrs Sarah McBride advised that the CCG's 5 year strategy had been widely consulted upon and included needs assessments of our local communities. Mrs Sarah McBride explained that the CCG identified those groups of people or geographical communities who may be facing health inequality. She stated the CCG worked very closely with its colleagues in Public Health and have undertaken a range of projects to target support to those people who need it most, for example people from the Nepalese community who may be at greater risk of</p>

diabetes and complications from diabetes. Mrs Sarah McBride advised that the CCG was currently refreshing its strategy to ensure that its work is driven by the most up to date needs assessment of our local communities.

Question: Many would agree that workplace ill health is increasing far from a positive concern amongst many companies currently but important to wellbeing and general health. Could I ask what steps the CCG will be taking to outline its thoughts as to how this area could be more focused in on and progressed with all kinds and levels of employers locally?

Received from Councillor Mike Roberts

Mrs Maclsaac stated that the NHS England's Five Year Forward View highlighted the need for a healthier NHS workplace. She explained that NHS North East Hampshire and Farnham CCG recognised the importance of staff wellbeing and general health and acknowledged that more could be done in terms of the number of local employers. She advised that the CCG launched its 'Health and Wellbeing Programme For Staff' on 28 October 2013 and took its responsibility seriously.

Mrs Sarah McBride advised that the CCG was looking at improvement programmes with its health partners and that the CCG, as a commissioning organisation, sought to commission services that promoted the health and wellbeing of the local community.”

Question: Noting that young people have a different view of contacting their doctor, if they have one at all, and will either consult with Google or go to A&E how is the CCG going to tackle this issue?

Received from Councillor Mike Roberts

Dr Peter Bibawy stated that the CCG recognised that many young people had different views about when and how to seek medical advice. He explained that the CCG had undertaken some targeted work with young adults in response to evidence suggesting an increased use of A&E by those under the age of nineteen for minor ailments that could have been treated elsewhere or self-managed. This work resulted in the CCG introducing a 'Keep Calm' campaign that aimed to increase awareness of alternatives to A&E; for example pharmacists, 111 and GPs.

Dr Peter Bibawy advised that the CCG were also working with a number of organisations to raise awareness of where young people could obtain advice and information on health and care support, including 111, early help hubs and voluntary organisations. An example of this was the 'app' being developed by the Child and Adolescent Mental Health Service, which aimed to provide support and advice to children and young people in relation to emotional and mental health issues, providing interactive help and support to children and young people who may be suffering from emotional or mental health difficulties.

Dr Bibawy stated that the CCG recognised the need for children to access services in different ways, therefore the Child and Adolescent Mental Health Service would accept self-referrals from children, young people and their families, without the need to be referred by their GP. He explained that the service would then consider the referral in line with the published thresholds for the service and either accept the referral or provide relevant advice on alternative appropriate support services and that the aim of that approach was to reduce barriers to

	<p>accessing services and to support children and young people to receive the appropriate support at the right time.</p> <p>Dr Peter Bibawy stated that vulnerable groups were more at risk of not engaging with health services and as a result one of the CCG's providers had developed an app specifically for Looked After Children. He explained that the app would be able to store key health information about themselves and would assist young people accessing the appropriate health services when they become an adult. He highlighted that as mentioned by Mrs Sue Pidduck Hampshire County Council and the local voluntary sector had developed a website for young people as part of the 'Local Offer', to ensure that they had access to information relating to their education, care, health and leisure needs. Dr Peter Bibawy highlighted that the website aimed to include a wide range of information including walk in centres, Sexual Health services, Teenage Pregnancy Services, Substance Misuse Services and, Emotional and Mental Wellbeing Services amongst some of them.</p> <p>Dr Peter Bibawy advised that the CCG was also involved in the current school nursing tender run by Public Health, with the aim of improving access to health information for children and young people in schools. Furthermore, the CCG were also working to raise awareness of accidents, providing information and educating attendees through children's centres.</p>
	<p>Dates of Future Governing Body Meetings held in Public</p>
	<ul style="list-style-type: none"> • 11 February 2015 • 8 April 2015
	<p>Meeting closed 3.30pm</p>

Signed as a true record:

Name:

Title:

Signature:

Date: